

STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS  
BUREAU OF CONSTRUCTION PROJECT REVIEW  
1300 ATLANTIC AVENUE, SUITE 204  
ATLANTIC CITY, NJ 08401

**PROJECT REVIEW APPLICATION**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DCA Project Number: \_\_\_\_\_

1. Project Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Municipality \_\_\_\_\_ County \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Note: Do not use mailing address for the above information.**

2. Project Type: ☐ New Construction ☐ Addition ☐ Renovations, Alterations (need Barr. free cost in Section 3, below) ☐ Repairs  
Filing Type: ☐ Variation ☐ Complete Plan Release ☐ Partial Plan Release (see Section 4, below)

**3. Project Specifications:**

Use Group \_\_\_\_\_  
Area of largest floor \_\_\_\_\_  
Gross area of bldg. \_\_\_\_\_  
Total volume \_\_\_\_\_  
No. of stories \_\_\_\_\_  
Maximum height \_\_\_\_\_  
Construction type \_\_\_\_\_  
Elevator? ☐ Yes ☐ No

Total Project Cost—all disciplines:  
\$ \_\_\_\_\_  
Cost of Barrier Free Reno./Alt. Work  
\$ \_\_\_\_\_

**4. Partial releases requested:**

Release Type	Expected Submission Date
<input type="checkbox"/> Footings and foundations	_____
<input type="checkbox"/> Underslab utilities	_____
<input type="checkbox"/> Structural framework	_____
<input type="checkbox"/> Exterior building	_____
<input type="checkbox"/> Interior building	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Fire protection	_____
<input type="checkbox"/> Elevator	_____

**5. Applicant information: comments/releases will be sent to Casino Representative.**

**Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Casino Representative Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Architect/Engineer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Owner's or Designated Agent's Signature:**

***For office use only:***

**Plan review fee:** \$ \_\_\_\_\_

**Permit fee:** \$ \_\_\_\_\_

**Training fee:** \$ \_\_\_\_\_

**CO/CCO fee** \$ \_\_\_\_\_

**Elevator review** \$ \_\_\_\_\_

**Elevator T & I** \$ \_\_\_\_\_

**Total fees** \$ \_\_\_\_\_

**Rec'd from** \_\_\_\_\_

**Check cash amt** \$ \_\_\_\_\_

**Check number** \_\_\_\_\_

**Rec'd by/date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_